В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)				OR LIN		NUMBER: PAGE 47/52						52	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			Ē	21b 27		22 28a	X	23 28b	24 28c	F	25 29	26 30b	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							the pu		e of so					
NAME OF COMMITTEE (In Full)  NATIONAL ASSOCIATION OF HEALTH U														
Full Name (Last, First, Middle Initial) PHILLIPS FOR CONGRESS  Mailing Address 3523 PHYLLIS STREET  City State Zip Code							Transaction ID: 7374 Date of Disbursement  M M M D D D D Y D D D D D D D D D D D D							
ENDWELL	NY	13760					Airiou	TIL OI	Lacii	Disbuise	-		-	
Purpose of Disbursement 4/24 Luncheon - Pete Stein 0					011									
Candidate Name GEORGE K PHILLIPS					egory/ ype									
Office Sought:  X House Senate President State: NY District: 22	ement For: Primary Other (spe	2008 X General ecify) <b>V</b>												
Full Name (Last, First, Middle Initial) PORTER FOR CONGRESS							Transaction ID: 7363 Date of Disbursement  M M M D D D D Y Y Y O Y S Y D O O O O O O O O O O O O O O O O O O							
Mailing Address 7840 Red Leaf Drive														
,	State NV	Zip Code 89131					Amou	nt of	Each	Disburse	men	t this I	Period	
Purpose of Disbursement May 1 Luncheon - Pete Stein				011										
Candidate Name JON SR PORTER					egory/ ype									
Office Sought:  X House Senate President State: NV District: 03	ement For: Primary Other (spe	2008 X General ecify) <b>V</b>												
Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	7320				
RELY ON YOUR BELIEFS FUND							Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
Mailing Address 209 Pennsylvania Avenue SE							0 4			1	. 2	0 0 8	3	
City Washington	State DC	Zip Code 20003					Amou	nt of	Each	Disburse	men	t this I	Period	
Purpose of Disbursement 5/14 Dinner - John Greene 011							-			25	500.0	0		
Candidate Name Ca				at	egory/ ype									
Senate President	ement For: Primary Other (spe	General ecify) ▼												
State: District:										,				
SUBTOTAL of Disbursements This Page (optional)					•		L.	_			50	00.00	0	

TOTAL This Period (last page this line number only) ......